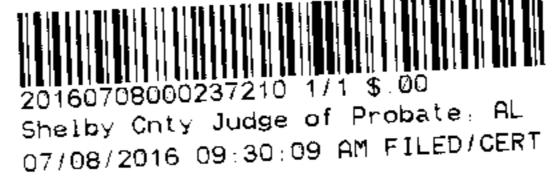
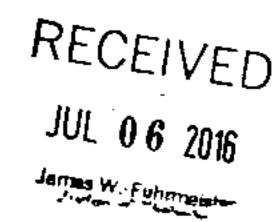
This form is due within five (5) calendar days of



Appointment of Principal Campa





Principal Campaign Committee

Please print in ink or type.

committee must choose a designee to dissolve the committee due to the

State candidates file with the Office of the Secretary of State. County and

possibility of death or incapacitation of the candidate.

municipal canidates file with their county's judge of probate.

Where to file this form ...

Office Sought (include district or circuit number, Alaxader Carty City City Carty Carty Carty City City Carty City City Carty Carty City City Carty Carty City City Carty Carty Carty Carty City City Carty	State ZIP Code Telephon ar committee, you must select at In the committee. A second member	Ballot Affiliation indes The Number The Number The State with indes The Number Indes The State with indes The Number Index The Numb	ching the threshold amount, or within five (5) ander days of qualifying with a political party, or in five (5) calendar days of filing a petition as an ependent candidate. Type of Committee (check one) I appoint myself as the sole member of my principal campaign committee. Thereby appoint the individuals listed below to act as my principal campaign committee. may appoint up to five members. One member as the treasurer. Please clearly print their names
Chairpers	on		Treasurer
Full Name To	Email Address	Full Name	Email Address
B Kakest	raw Kylerake @,		
Address (street or post office box)		Address (street or post office box)	
129 Sindance			
City Alaster AL State	35°007	City	State ZIP Code
Signature of Appointee		Signature of Appointee	
4/			
Committee M	ember		Committee Member
Full Name	Email Address	Full Name	Email Address
		Address (street or post of	ffice box)
Address (street or post office box)		Address (street or post of	•
Address (street or post office box) City State	ZIP Code	City	State ZIP Code
	ZIP Code		State ZIP Code
City State Signature of Appointee		City Signature of Appointee	State ZIP Code nittee Dissolution Designee
City State		City Signature of Appointee	
City State Signature of Appointee Committee N	ember	City Signature of Appointee Comn	nittee Dissolution Designee Email Address
City State Signature of Appointee Committee IV Full Name	ember	Signature of Appointee Comn Full Name	nittee Dissolution Designee Email Address
City State Signature of Appointee Committee IV Full Name Address (street or post office box)	ember Email Address	Signature of Appointee Common Full Name Address (street or post of the common post of t	nittee Dissolution Designee Email Address ffice box)

FORM REVISED 1.28.2016

that the information contained herein is true and correct.

Signature of elected official or candidate